15/5/2010

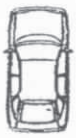
INS. CASE OWNER: NORSIAH | CC4/AIG19021251/Gha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 02.12.2019 Date / Time : 02.12.2019

Registered in Merimen: 02.12.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 5916P Claim No. : 3547213274SG

Name of Insured : SIMON LUI THIM CHOY Policy No. : 1800136521

Insured Tel No. : HP: +65-98777488 Make / Model : KIA CERATO

Excess Sec II :S$ D.O.A : 30.11.2019 00:35 Place of Accident : BENDEMEER RD

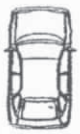
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 1802K → → →

INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 1802K - CC6/III16005199/Azb3q2; DOA: 17.03.16
	- CS/FCI19014182/Dqf3n2; DOA: 12.08.19
	SMF 5916P - X

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: GQ | REF: AIG. | 21281

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV (TP circled)

To Inspect Vehicle No:

at Workshop m/s comfort layang

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC1802K Yr Regn: 03 Jul 2018

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / (Taxi circled)

Truck / Trailer or

Make: Hyundai IONIQ c.c 1580

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 233627 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC851CVJU103412

Gen. Cond: Good / Fair / Poor / Burnt (Good circled)

Steering: In order / Jammed / Leaked / Burnt or (In order circled)

Brake: In order / Jammed / Leaked / Burnt or (In order circled)

Modi : Nil / S/Rim / STD A/Rim or (A/Rim circled)

Tyre Size: F: 195/65R15

R: 〃

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or DAVANTI

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	03-12-19	

Survey held at w/s 3pm

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation:

__S + RS __SI

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.I.R

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408649
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768732

Date/Time: 02.12.2019 11:23 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305358329

TOMER

IS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

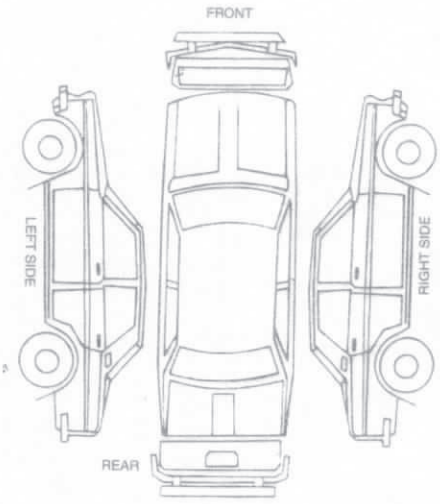
OUNT CARD NO.

REGN NO.:	MILEAGE
SHC1802K	
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 02.12.2019 09:45
YR OF MANU. 03.07.2018	TARGET DATE
CHASSIS CODE KMHC851CVJU103412	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.11.2019
NATURE: 3P 30.11.19

S/NO	LABOR CODE	DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

: SHC1802K LIMTS

ervice Advisor

Signature/Date

ned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC1802K

Name of Service Advisor

Date

To be kept by Security Guard

> Back to OneMotoring

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SHC1802K

Make / Model
HYUNDAI / AE IONIQ HEV 1.6 DCT

Vehicle Type :
H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1 :
Air-Con (Taxi)

Vehicle Scheme :
Taxi (Company)

Chassis No. :
KMHC851CVJU103412

Propellant :
Petrol-Electric

Engine No. :
G4LEJU045587

Motor No. :
PM04J53841DJ

Engine Capacity :
1580 cc

Power Rating :
32.0 kW

Maximum Power Output :
103.6 kW (138 bhp)